

**Registration for State Fire Marshal inspection of
Unlicensed Child Care Ministries**

Please mail this form, the \$50.00 fee, and the letter listing all of the rooms and areas of the building which are used by the child care ministry to:

Office of the State Fire Marshal
402 W. Washington St., Rm E241
Indianapolis, In 46204

Make the checks payable to:
Office of the State Fire Marshal

OSFM ID # = _____

Name of the Unlicensed Child Care Ministry:

Address: _____

City: _____

Zip Code: _____ County: _____

Telephone: _____

Name of Director: _____

Applicant (Religious organization responsible for operating the child care ministry):

Address: _____

City: _____

Zip Code: _____ County: _____

**MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OF THE BOARD OR OTHER GOVERNING
BODY FOR THE RELIGIOUS ORGANIZATION OPERATING THIS UNLICENSED CHILD CARE
MINISTRY**

Signature

Date